m Z 1 PLACE OF DEATH

County Um. Co. 11684	CERTIFICATE OF DEATH
21.0 14.1	Registration Dist. No.
Village or City War Camp Meade No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Foris M. ar	rderson of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White of Monte of Words	16 DATE OF DEATH / 2 191 (Month) (Day) (Year)
6 DATE OF BIRTH	6 - 2 ,191 to // 191 191
(Month) (Day) , (Year)	that I last saw handlive on 11-12,1914
If LESS than 1 day hrs.	and that death occurred on the date stated above, at
O'6 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	Thum Interested
particular kind of work	nephralis China
(b) General nature of industry business, or establishment in	Ingradule (Buration) (yrs. Thos. 7 ds
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country) maryland	Secondary (Ouration) yrs. mec. de
10 NAME OF Pickard anders M	(Signed) , M. 8
11 BIRTHPLACE	11/12, 181 (Address) accord
11 BIRTHPLACE OF FATHER (State or country) (State or country) (State or country)	*State the DISFASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIPAL OF HOMICIDAL.
of MOTHER Margarette of Solvere	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER OF MOTHER	OR RECENT RESIDENTS) At place . In the
(State or country) (MM, CO.	of deathyrsmosds. State,yrsmosde Where was disease contracted,
(Informat) Thomas Waters.	if not at place of death? Former or usual residence
Odentin md. 888	CONTROL OF THE PROPERTY OF THE
(Address)	Family During grown Mon 1Kt 10122
Filed hor 13 1982 Clara In Headup	20 UNDERTAKER ADDRESS
Market and add although State Decisions	18 W Savetone St. Belia Proposition V S. No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Realth
Association.]

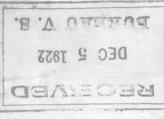
business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, write None state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of For many occupations a single word or term on the applies to each and every person, urespective tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--Coal mine, etc. (a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Autoof age.

time unqualified. is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); causing Death (the primary affection with respect to Typhoid fever (never report "Typhoid fever (the only definite synonym is "Epidemic ecrebro-Statement of Cause of Death-Name, first, the DISEASE and causation), for preumonia. the same disease. Examples: Bronchopneumonia using always the same accepted ("Pneumonia, pueumonia") Cerebrospinal

> on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," head-homicide; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates "Puerpenal peritonitis," etc. birth or miscarriage as "Puerperal septiehaemia," etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concause. genital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial rent) affection need not be stated unless "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-Paisoned by "Dropsy," carbolic State cause for which acid-probably "Exhaustion," ACCIDENTAL, report mere important.

If this certificate is looked over thoroughly and all questions unawered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the contribution of the data is essential and must be obtained before the contribution of the data is premarently fled.

the sertificate is permanently filed.



PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH Registration Dist. No. 23
Village or districted count of the following of Toro	St.; Ward) (If death occurred in a flospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
asky Color of RACK 5 SINCLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 LOTE OF BIRTH (Month) (Day) (Year)	that I last saw haliva on
7 AGE If LESS than I dayhrs. yrslomoslods. or min. ?	and that death occurred on the data stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	at Linthecum mit
business, or establishment in which employed or (employer)	/ Musicant Marane Awards like
9 BIRTHPLACE (State or country) Drooklyn N.Y.	Contributory Secondary (Duration) yrs mos., da. (Signed) J. d. M. M. J. M. D M.
11 BIRTHDLACE OF FATHER (State or country) anada 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Claw of-fey 13 BIRTHPLACE OF MOTHER (State or company) with lyn SV 4	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informatissie Trown	Former or usual residence.
(Address) Odenton Mid	Holy (2020 a a Co Will 1922
Filed 1/2 1927 R. L. Chipley Registrar	wm Cov/6 SouENorth
Remit usuffmore blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quesployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Civil engineer, Stationary firemen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla"); Lobar pneumonia, Bronchopneumonia ("Pneumonla");

symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e. g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart causing death), 29 ds.; Branchopneumonia Chronic interstitial nephritis, etc. The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse-Poisoned by earbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart failure," "Haemordiscase; (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1. vi.

Vill	age or City	y	Crown	svill	State H
Name of the second	or and and				Carroll
3 8	PERSO	NAL AND S		CAL PARTI	
	nale	Colore		WIDOWE OR DIVO	Ď RCED
6 D	ATE OF BI	RTH		(Write the	word)
			********	known	, 1891
			(Month)	(Day	
8 () (a	CCUPATION Trade, pro	fession or d of work	No		I dayh
(a pa) (b bu w	CCUPATION) Trade, pro articular kincular lan usiness, or e hich employ	fession or d of work a ture of indust establishment i ed or (employ	No ry	ne ne	I dayh
8 () (a) pa	CCUPATION) Trade, pro articular kine) General nations, or each ich employ RTHPLACE (State or each	fession or fession or d of work ature of indust establishment i ed or (employ country)	No ry	ne	I dayh
8 (06 (a pa	CCUPATION) Trade, pro articular kincular lan usiness, or e hich employ	r fession or d of work ature of indust establishment i ed or (employ country)	No ry in er) Mary	ne	I dayh
8 (06 (a pa	CCUPATION OT TRADE, pro articular kine OGeneral managements, or each ich employ RTHPLACE (State or each ich NAME of FATHE 11 BIRTHE	fession or d of work ature of indust establishment i ed or (employ country) OF R	No	ne land	I dayh
8 (a (a pa	CCUPATION OT TRADE, pro articular kine OGeneral managements, or each ich employ RTHPLACE (State or each ich NAME of FATHE 11 BIRTHE	fession or d of work ature of indust establishment i ed or (employ country) OF R PLACE HER or country)	No No Mary	ne land arroll	If LESS the dayh
ARENTS (a) (b) (b) w (b) (b) w	CCUPATION) Trade, pro articular kine) General manifess, or existing the complex RTHPLACE (State or existing the complex of t	ofession or of of work or country) OF R PLACE CHER OF COUNTRY) NAME CHER CHER CHER CHER CHER CHER CHER CHE	No No Mary	ne land arroll land	I dayh

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 7

		/ -
*************************	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in-

ospital

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
November 6, 1122
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the decessed from May 22. 1922, to November 6, 1922
that I last saw h C.T. alive on NOVEMBER 6 , 1923
and that death occurred on the date stated above, at 7.0.15.0m.
The CAUSE OF DEATH % was as follows:
Chronic Myocarditis
(Duration) Un ken O.W.N. mon de
Contributory
Segondary
(Signed) M.D.
No.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
Accidental, Suicidal of Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
At place () 5 74 . In the
State, John Common da.
Where was disease contracted, if not at place of death?
Former or Montgomery County
19 PLACE OF BURIAL OR REMOVAL TOTE OF BURIAL
Mr. Tri: 111 9 4 10
Wonflow Chamber 1922
ADDRESS ADDRESS
William Mylen SOUS

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No.

(Approved by U. S. ('ensus and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Scrvant, Cook, to report specifically the occupations of persons cnployed, as At school or At home. Care should be taken definite salary); may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a cr," ete., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer. Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of eause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or rhage," "Inaultion." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be asecrtained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid inges, perifonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; "Debility" ("Congenital," "Senile," etc.), Example: Mcasles (disease (secondterminal (merely

DEC 6 192 the certificate is permanently filed tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-.All the data is essential and must be obtained before

S. No.

PLACE OF DEATH	STATE OF MARTLAND
(1-(1-, 1168)	CERTIFICATE OF DEATH
County Al Can	Registration Dist. No. 21
Village or City (No. ,)	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Yenr) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Oct 31 1922, to Mar 6 , 1922.
Lan - 29, 1922.	that I last saw h Mer alive on Lav. J, 1927.
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
yrs. mos. ds. or min. ?	Labor knewyania
s occupation	
(a) Trade, profession or	
particular kind of work	
business, or establishment in	(Duration)yrsmosde.
which employed or (employer)	Contributory Maranuss
(State or country) Il Margreds Mid	Duration)yrs. p
10 NAME OF CALLY Colbert	(Signed) Timber Marlan M.D.
11 BIRTHPLACE OF FATHER (State or country) St. Margrels Md.	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
(State or country) (State or country) (State or country) (A MAIDEN NAME OF MOTHER (A 9918 Farms	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Wargnels Mid	At place of death yrsmosda, State,yrsmosda.
14 THE ABOVE IS TRUE 30 THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Charles Harris	Former or usual residence
(Address) St Margrels Md	Broad Usek (2ml - H 7 19 29,
Filedur 7 192 Z Josefu C. Loge Meristrar	Coundertaker Address 92 1981 Si
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
9	Martin

CTATE OF MADVIAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired & yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite sulary), may be entered as Housewife, House household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in inclusarial employments, it is neces-Physician, Compositor, Architect. Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthworked on may form part of the second statement. (a) Foremen, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not sainfully cin-If the occupation has been changed The ques-

Statement of Cause of Death—Name, first, the pissesse causing death (the primary affection with respect to time und eausation), using always the same accepted term for the same disease. Examples: "Greebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or can be ascertained at the cause. "Uraemia," "Weeknes." etc., when a definite disease rhage," "Inauition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The Da-Examples: taken. For violent deaths state means of injury State cause for which surgical operation was under "Puerpueal septicuemia." "Puerpural peritonitis," etc. diseases resulting from childbirth or miscarriage as vulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; .. (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Chronic valvular heart disease; (Recommendations on state-Struck by railway Always qualify all Mcusles; (seeoud-(merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Villa	ige or City	. 81		tt k
	² FUL	L NAME		
	PERSON	IAL AND STATIS	ICAL PART	ICULARS
10	myli	Color or RAC	E 5 SINGLE, MARRIE WIDOW OR DIVO (Write th	ED ORCED
6 1)	ATE OF BIE	TIL		
		not kn	h) (Da	y) , 1.8.
7 AG	E	7 (-		lf LESS
(a p: (b) General na	of work	usen	ife
(a p)) Trade, pro articular kind) General na usiness, or e	ture of industry stablishment in ed or (employer)	ylon	ife
(a p)) Trade, probaticular kind o) General nausiness, or e hich employe RTHPLACE	ture of industry stablishment in ed or (employer)	glow	ife 1
(a p. (b) (b) w 9 B)) Trade, prolaticular kind) General nausiness, or e hich employe (State or o	of work	E John	ife 1
(a p) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) Trade, prolaticular kind) General nausiness, or e hich employe (State or o	of work	E John	ife Inso
ARENTS ARENTS) Trade, producticular kind) General na usiness, or e hich employe (State or c 10 NAME (FATHE) 11 BIRTHI OF FAT (State 12 MAIDER OF MOT	of work	E John	ener d

STATE OF MARYLAND CERTIFICATE OF DEATH

... Ward)

number.)

(If death occurred in a hospital or institution, give its NAME in-

stead of street and

	MEDICAL CERTIFICATE OF DEATH	
16 DA	(Month) (Day), 192-2	r)
22	I HEREBY CERTIFY, That I attended the decensed for 3 1922, to 2 2 1 , 192	2
	l last saw h den alive on hand 2, 192	
The C	CAUSE OF DEATH & was as follows:	p1
Co	(Duration)yrs. /mos. 2. 7.	d:
	*State the Disease Causing Death, or, in deaths from olent Causes, state (1) Means of Injury; and (2) whether ecidental, Sulcidal or Homicidal.	1. D

Former or usual residence.....

BILLE OF BURIAL OR REMOVAL | SATE OF BURIAL

O UNDERTAKER

.... yrs......mos......da.

Where was disease contracted, if not at place of death?.....

Laus o Ind

State, yrs..... mos.....

12/3/27 R. L. Lingley Sec. 19. 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

At place of death

CERTIFICATE OF DEATH

(Approved by U. S. ('ensus and American Public Health Association.)

state occupation at beginning of Illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. tired 6 yes.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing Death, Housemuid, etc. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of variou: pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not guinfully emwithout more precise specification as Day If the occupation has been changed -Coal mine, etc. Wom-As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia")

quences (e.g., sepsis, tetanus) may be stated under the ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men head of "contributory." train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under diseases resulting from childbirth or misearriage as can be ascertained as the cause. symptomatle), "Atrophy," "Collapse," eonditions, such as "Asthenia," "Anaemia" causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. : The contributory Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Aecidental drowning; Struck by railway taken. For VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Wcaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," (secondary or intercurrent) affection need not be(name origin; "Cancer" is less definite; avoid ing a peritonacum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Meastes Always qualify all "Coma," (merely (second-(disease "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondince. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County C. G.	(5) CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Churcholis (No Omera)	Cally Hard St. Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in-
2 FULL NAME Ichard Loy	man Doryh stead of street and number.)
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Ablat. Single, MARRIED, WIDOWED OR DIVORCED	(Mouth) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Oct 26 1922, to 100 29, 1922
081. 25, 192/	that I last saw h 444 alive on 1922
(Month) (Day) (Year)	and that death occurred on the date stated above, at 1231 m.
If LESS than I dayhrs.	The CAUSE OF DEATH % was as follows:
yrsmosds.lor min. ?	1
8 OCCUPATION (a) Trade, profession or	
O particular kind of work	1 / Tomain Vocacy from
(b) General nature of industry business, or establishment in	nating palmon and mysed load. 7.
which employed or (employer)	Colling solmon and (Duranophila 1976 mos. do.
9 BIRTHPLACE	Contributory Secondary
(State or country) Crune arundal Co.	(Duration) yrs. de
10 NAME OF FATHER	1. / / VIA d - 0/1/18
lectured or other	(Signed) M. D.
11 BIRTHPLACE OF FATHER	
(State or country) hela. a,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country) And State of Country)	At place In the of death yrsmosda, State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wulaud Doers	Former or usual residence.
1 2 2 18	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Mujor Mil	Ledar Bluff The 3,1,22
Filder 3 100 2 trul Com . 9	OUNDERTAKER ADDRESS
Registrar	Laylin Soms Chrispali
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.
2 . 4 444	, 033

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken work, or 4t Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it laborer, Farm laborer, Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material Civil engineer. Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocetc, without more precise specification as Day For many occupations a single word or term on

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; diseases resulting from childbirth or miscarriage as rhage," "Inanition," "Marasmus," "Old Age," "Shock," as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicacmia." "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway "Uraemia," "Weakness." etc., when a definite disease causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for mallgnaut ueoplasms); Meustes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" Is less definite; avoid unqualified, is Indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; FOR VIOLENT DEATHS State MICANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular (Recommendations on state-Example: Measles (disease heart (merely (secondnot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	Y. PHYSICIANS	cact statement of	1
NECOND	EXACTLY	ssified. Ex	
WRITE PLAINET, WITH UNFADING INA-ITIES IS A FERINAMENT RECOND	should be stated	/ be properly class	f certificate.
2 2	AGE	t may	ack o
INV-INI	v supplied.	ns, so that i	ections on b
NICKLEO I	se carefully	plain tern	See instru
PLAINLY, WILL	nation should !	E OF DEATH in	iry important
WHILE	N B Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	should state CAUSE OF DEATH in plain terms, so that it may be propelly classified. Exact statement of	OCCUPATION is very important. See instructions on back of certificate.
	Z		

	! PLACE OF DEATH	STATE OF MARYLAND
Coun	a ca 11600 6	CEPTIFICATE OF DEATH
Oun	11000	2) CERTIFICATE OF DEATH
	10	Registration Dist. No.
Villag	e or City (No. ,	St.; Ward) [If death occurred to a hospital or institution.
	0'	give its NAME instead
	2 FULL NAME ones VT.	Of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 OATE OF OEATH // 23 100)
7	n white WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That Lattended deceased from
4	2 WL	191) to 100 2 , 1912 2
	(Month) (Day) (Year)	that I last saw hamalive on www 23 , 186-2
7 AG		and that death occurred on the date stated above, at/L. m.
	76 yrs mas ds Or min.?	The CAUSE OF DEATH * was as follows:
8 00	CUPATION (S. OR MIII. F	(1 - T) - 1 O
1 (2	Trade, profession, or TOM	Works Demons
	General nature of Industry	oldoge,
ons pas	iness, or establishment in ch employed (or employer)	(Ouration) yrs. 6 mos. 23 ds.
	RTHRIACE	Contributory
	(State or counsry)	Secondary
	10 NAME OF	(Ougation) s mos. 4s
	FATHER Mchard H. Drum,	(Signed) (Signed) (Signed)
NTS	"BIRTHPLACE	1/1 24 1922 Address / leftes marker
Lel .	OF FATHER (State or country)	*State the DINFARE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL of HOMICIDAL.
A	12 MAIDEN NAME OF MOTHER OF MOTHER	
0	13	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of doethyrsmesde. State,yremeede.
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	G. C. Anssis	If not all place of death?
(informent) sevice (12	usual residence
	(Address) Drungs aa, colud	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15	0	Mh. (alvany 10 25, 1022
File	hor 25 1022 Edua E Verice	20 UNDERTAKER AODRESS
. 20	REGISTRAR	Mrs. Welch Terrendaling
	9 If more blanks are wonded, address State Registrar, 1	8 W. Saratoga St., Balto., Requesting V. S. No. 1.
	d	

[Approved by U. S. Census and American Public Health
Association.]

first line will be sufficient, e. g., Former or Planter, Physiwrite None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer. Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more mill; (a) Solesman, (b) (irocery: (a) Foreman, business or industry, and especially in industrial employments, it is necessary to cian, Compositor, Architect, applies to each and every person, irrespective ness of various pursuits can be known. The question mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. But in many eases, The material worked on may form part therefore an additional line Locomotive engineer, If retired from (b) Autoof

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar imeumonia, Bronchopneumonia ("Pneumonia,"); Lohar imeumonia, indefinite); Tuberculosis of lungs, menu-

and consequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drawing; suicidal, or homicidal, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," genital," "Senile," etc.), "Dropsy," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of cause. "Heart failure," "Haemorrhage," "Inanision," "Maraslapse," "Coma," "Convulsions," "Debility" "Anuemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 do.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puerperal septichaemia," "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from childrailway train-accident; Revolver The contributory (secondary or intereur-State cause for which (Recommendations Never report mere "Atrophy," "Exhaustion, ACCIDENTAL, weund of ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Q Q, 11691	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Amefolio (No. 53, 1) 2 FULL NAME Glorge Pober	Registration Dist. No. No. No. No. No. (If death occurred in a hospital of institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH 1	The CAUSE OF DEATH & was as follows:
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos da. State, yrs mos da. Where was disease contracted,
Tolest I Tulo	if not at place of death?
(Address) II. 7. D, Hamspoli Md.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL Ledar Blufflemt Mr. 23, 1922
Filedry 23 1922 Joseph C. Jones M. Registrar	Lay los Lors Andress
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md

. 4 791

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Woncr," etc., without more precise specification as worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pressure report"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

> Nomenelature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal Poisoned by carbolic acid-probably suicide. "Urnemia," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," conditions, such as "Asthenia," "Anaemia" stated unless important. causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name orlgin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles (disease Measles; (second-(merely "Con-

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond. If this certificate is looked over thoroughly and all ques-

the vertificate is permanently filed.

BINDING

FOR

RESERVED

ZIU

V. S. No.

PLACE OF DEATH	CERTIFICATE OF DEATH
County Miles III	Registration Dist. No. 2.
Village or Sity Thu Chun (No. ,	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEIL OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Janbourn , 1864	that I last saw hear, alive on 3.0 192.2
(Month) (Day) (Year) If LESS than l dayhrs.	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work	Scabeles Melilies
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 .yrs
9 BIRTHPLACE (State or country)	Secondary (Duration)
10 NAME OF Edward Ford	(Signed) Levy of Styles M.D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Many Rogers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lang Mylls	usual residence,
(Address) Churchin Mil	Sherber Cemelery Sec 2, 1924
Filed De 1 1924 Level Registrar	24 UNDERTAKER ABDRESS THE Hardesly Galloways

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing beath. gaged in domestic service for wages, as Scrvant, Cook, whatever, write None. taucd 6 Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealhonsehold only (not paid Househeepers who receive a laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of capation is very important, so that the relative healththe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on y1.8.). without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-

Ease causing dearh (the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal fever* (never report "Typhoid pneumonia")

Typhoid fever* (never report "Typhoid pneumonia,")

Lobar pneumonia, Bronchopneumonia

ment of cause of death approved by Committee on head of "contributory." Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably suicide. as probably such, if impossible to determine definitely Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause "PUERPERAL septicaemia:""PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," "Coma, conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. vnlsions," cansing death), 29 ds.; Bronchopncumonia stated nuless important. nse of "Tumor" for malignant neoplasms); Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men--accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MWANS OF INJURY the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Example: Mcastes Always qualify all The na-"Haemor-Measles, (second-(disease

tions answered in de'ail, it will prevent further correspondence. All the data is essential and must be obtained before the coefficate is permanently filed.

DEC 6 1922

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PHYSI-

	PLACE OF DEATH	
•	(1) 1 (1) 1603	
C	ounty Mul Muselle 1100	
Vill	age or City Marley (No	1
	PERSONAL AND STATISTICAL PARTICULARS	100
3 8	MARRIED. WIDOWED OR DIVORCED (Write the worth)	1
6 D	ATE OF BIRTH	,
	(Month) (Day) (Year)	
7 AG	If LESS than I dayhrs.	1
(a	CCUPATION) Trade, profession or articular kind of work.	
2 (F	o) General nature of industry usiness, or establishment in hich employed or (employer)	
	(State or country) Many le	
	10 NAME OF Seven Land	(
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mangles	• •
PAR	OF MOTHER Lauru Jurue	I
	13 BIRTHPLACE OF MOTHER (State or country) Many Cerry	A
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if
	(Informant) Letygh Ranch	Fu
	(Address) Masley	E
15 C	iled Nov 11 1929 Thomas Alexander	2
r	Tiled 1929 All West Hopester Registrer	-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

4	Sı	War	d) (If death occ a hospital or tion, give its Na stead of stre number.)	AME in-
	MEDICAL	CERTIFICAT	E OF DEATH	
16 DA	TE OF DEATH	2 2	/	
	in 5 (x)	(Month)	(Day) , 1	(Year)
17	I HEREBY CEI	RTIFY, That I	attended the decea	sed from
		192, to	·····	, 192
that	l last saw h	alive on		., 192
and t	hat death occurred	on the date sta	ited above, at	m.
The C	CAUSE OF DEATH	was as follows		
*********	120m	- our		
***************************************	****************************			
		(Duration)	yrsmos.	de
Co	ntributory	(Duration)	yis	
	Secondary		• • • • • • • • • • • • • • • • • • •	7
		81/2	yrs	de.
(Signe	Dhomas	1112	ug trace	M. D.
no	Al. 11192.Z-C	Address)	Sel Brane	
Vi _{Ac}	State the Diseas olent Causes, state cidental, Suicidal o	se Causing Dea (1) Means of I r Homicidal.	th, or, in deaths njury; and (2) wh	from ether
			spitals, Institutions	, Trans-
	s, or Recent Reside		the	
	e h yrs mos		tate,yremo	da,
	was disease contracted place of death?		rm dende execute a iribitativi il dili un missa di dendi il dili on a a liva il	
Former usual re	or sidence		ura ten egistetitek dikitik derimis diri dilikus kalın	
19 PL	ACE OF BURIAL	OR REMOVAL	TE OF BUR	IAL
7	nacly n	este	nov 13	, 19-7-12
20 UN	DERTAKER	1 1	ADDRESS	0
and the same of th		// //		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it ployed, as At school or At home. Care should be taken household only (not pald Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthreport specifically the occupations of persons en-Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

whatever, write None.

Statement of Cause of Death—Name, first, the EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept of term for the same disease. Examples: Cerebrospin, fever (the only definite synonym is "Epidemic cerebrospin, spinal meningitis"); Diphtheria (avoid use of "Croup"), Spinal meningitis"); Diphtheria (avoid use of "Croup"), Cobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or taken. For VIGLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Poisoned by earbol'e acid—probably suicide. "Puerperal septicaemic," "Puerperal peritonitis," "Uraemia," "Weaknes.." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Enhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" Is less definite; avoid inges, peritonacum, etc., Carcinoma, Surcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; "contributory." (Recommendations on state-"Debility" ("Congenital," "Senile," etc.), such as "Asthenia," Example: Meastes "Anaemia" Always qualify all "Coma," (second-(disease (merely erc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is rermanently filed.

BINDING

Count	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
·	1169±	(90) Registration Dist. No. 20
· Villag	go or City Burdenille (No. , — Phillips Hal	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE MARRIED, Market WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
6 DAT	Rout Kinned (Year)	that I last sawify alive on Cel 25 , 1912
7 AGI		The CHAICE OF DEATH & was so fellows.
) General nature of industry	
O bus whi	Siness, or establishment in ich employed (or employer)	Contributory White Secondary
O bus whi 9 Bi	Inch emplayed (or employer) RTHPLACE (State or country) Mary Carelle 10 NAME OF FATHER PETER Flowler	Contributory Union Secondary
ARENTS Approved	Shess, or establishment in ich emplayed (or employer) RTHPLACE (State or country) Marylace (State or country)	(Signed) Mulane (Aurilland) (Signed) Mulane (Aurilland) (Signed) Mulane (Aurilland) State the Dibrare Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PARENTS BI	Siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	Contributory LULANO CONTRIBUTE Secondary (Signed) Mullacue Caucita Contributory Contributory Caucita Contributory
9 BI	Siness, or establishment in ich emplayed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER Star Flowler 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER	Contributory LULANCE (Buration) yrs mes Signed) (Signed) (Signed
9 BI	Siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER STATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (laformant) (Address)	Contributory LULENT ON Secondary (Signed) Melane Causing Death, or, in deaths from Violent Causins, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place Is the of death Tre. mes. ds. State, yrs. mos. Where was disease contracted, If not all place of death? Former or

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salosman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the is very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causaling death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia,"; Lobar pneumonia, Bronchapneumonia ("Pneumonia," menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated on Nomenclature of the American Medical Association.) head-homicide; Poisoned Struck by to determine definitely. Examples: Accidental drowning; suicidal, or nomicidal, or as probably such, if impossible state means of injuny and qualify as accidental, surgical operation was undertaken. For violent deaths "Puenperal peribonilis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemin," "Weakness," "lleart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, ctc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of. "Tumor" for malignant neoplasms); Measles; Whooping 'Anacmia" or miscarriage as "Puenpenal septiehacmia," The nature of the injury, as fracture of skull, "Coma," railway train-accident; Revolver (nuerely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic acid-probably State cause for which Never report mere "Exhaustion," wound

If the certificate is booked over thoroughly and all quee those answered in detail, it will prevent in their correspond. I the certificated is essential and must be obtained before the certificated is permanently filed.

PLACE OF DEATH	STATE OF MARYLAI CERTIFICATE OF DE
County arms aready 11000	Registration Dist. No. 2
Villege or City activel. (No. ,	St; Ward) (If death a hospital thon, give it stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE & SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Mos. 20 (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended that d
May 20 192 - (Month) (Day) (Year)	that I last saw h alive on Row 19
If LESS than I dayhrs. 8 OCCUPATION B OCCUPATION	The CAUSE OF DEATH 's was as follows:
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) A. A. & M. A.	(Duration) yrs
10 NAME OF Wm. Hiel: 11 BIRTHPLACE OF FATHER (State or country) Maryland. 22 MAIDEN NAME OF MARYLAND OF THE NAME	(Signed) Summer S. Dellings Lesson State the Disease Causing Death, or, in deat Violent Causes, state (1) Means of Injury; and (2) Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (For Hospitals, Institute lents, or Recent Residents) At place In the of death yrs mos ds. State,
(Informant) Mm. /Lets.	if not at place of death ?
(Address) Paracling. 2nd - R1 Filed Mury 192 - A. S. Bellingsle,	Magorby Col. Cluud 2 20 UNDERTAKER ADDRESS
Registrar	John & Denny C. Back.

ATE OF MARYLAND RTIFICATE OF DEATH

Registration Dist. No. 2.1.

a hospital or institution, give its NAME in-stead of street and number.)

	- o. bunin
16 DATE OF DEATH	
Mas.	
(Month) 17 I HEREBY CERTIFY, That I	(Day) (Year)
	700 10 , 102 2
that I last saw h	non 19 , 192?
and that death occurred on the data sta	ted above, at // U., re
The CAUSE OF DEATH & was as follows	
Flactured Skeet	
(accept. Fell out of	dows 1.
	·······
(Duration)	yrsmos
Contributory	
Secondary	
	yrsmos
(Signed) Lames S. Bee	lingolia M.D
nul 2/ 1922 (Address) Il	. Burning Ma
*State the Disease Causing Deat Violent Causes, state (1) Means of In	
Accidental, Suicidal or Homicidal.	pary; and (2) whether
18 LENGTH OF RESIDENCE (For Hos	pitals, Institutions, Trans.
lents, or Recent Residents)	
At place In the of death yrs mos da, Ste	ne nte,yrsmosda.
Where was disease contracted, if not at place of death?	
Former or	
usual residence.	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
magosty Col. Church	2 x x 2 2 19 2 2
20 UNDERTAKER	ADDRESS
John & Denny C.	Back. Ma.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing death, whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Won-Never return "Laborer;" "Foreman." "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocete., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The material

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same necepted ed term for the same disease. Examples: Cerebrospingly fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia").

head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as rhage," "lnanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemor vulsions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death). 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; ingen, peritonarum, etc., Carcinoma, Sarcoma, etc., of "Uraemia," "Weaknes.," etc., when a definite disease Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; (mame origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; Chronic valvulur heart disease; (Recommendations on state-Example: Measles (disease

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V. S. No. 1.

should be stated EXACTLY, PHYSI- it may be properly clessified. Exact s on back of certificate.
A C E that tions
supplied / terms so
N. BEvery Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly clessified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

c	PLACE OF DEAT	1	696	916)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Crownsville State Hos		***************************************	St.; Ward) (If death occurred a hospital or instition, give its NAME istend of street a number.)		
	PERSONAL AND S	TATISTICAL PARTIC	ULARS	ME	EDICAL CERTIFICATE OF DEATH
s s	emale Color	PR BACE 5 SINGLE, MARKIED, WIDOWED OR DIVORG (Write the		16 DATE OF D	November 7 , 192 (Month) (Day) (Yen
7 AG	0.7	unknown (Month) (Day) unknown d		and that death	23. 1922, to November 7, 192 her alive on Movember 7, 192 occurred on the date stated above, at 3.20p DEATH ** was as follows: Arteriosclerosis
(b bu	articular kind of work) General nature of indus usiness, or establishment hich employed or (emplo (ETHPLACE (State or country)	try in		Contributory Secondary	(Duration) Unknown
RENTS	FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Sandy Shanno	on	*State the Violent Cause	192 2. (Address). C. OWNSVILLE Md De Disease Causing Death, or, in deaths from es, state (1) Means of Jujury; and (2) whether unicidal or Homicidal.
PAF	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	Ann Shannon Maryland		18 LENGTH OF lents, or Received At place of death yrs.	RESIDENCE (For Hospitals, Institutions, Trans. Residents) 2 mos. 14 da. In the State, Livis
	(Informant) HOS	THE BEST OF MY KN		as an inconstruction	Prince George's County CURIAL OR REMOVAL DATE OF BURIAL
15 F	(Address) 192	z Janja C.	Long & M	St. Thank	as Court /2,19? ER ADDRESS Agrance

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death, gaged in domestic service for wages, as Servant, Cook, Whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are eugaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer" "Foreman," "Mauager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on -Coal mine, etc. Wom-But in many

Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia," As one and story of Croup")

Respond of Croup"

Respond of Croup Croup"

Respond of Croup Croup"

Respond of Croup spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebrocd term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the pis-

ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal septicacmia," "Puerperal peritonitis," rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" (merely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), (Recommendations on state-Example: Measles Struck by railway Always qualify all The contributory The na-(disease "Con-

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before

oi :

PLACE OF DEATH County Q. Q. 11697	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Annapolio (No. 169, C) 2 FULL NAME Mystle H	Registration Dist. No. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewill Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That Lattended the deceased from
March 6, 1910 (Month) (Day) (Year)	
7 AGE If LESS than dayhrs. dayhrs. dayhrs. dayhrs.	The CAUSE OF DEATH A was as follows:
3 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) Authorism Holmes 10 NAME OF FATHER Welliam Holmes 11 BIRTHPLACE OF FATHER (State or country) Authorism Holmes 12 MAIDEN NAME OF MOTHER LIBERT OF MOTHER (State or country) Authorism Holmes 13 BIRTHPLACE OF MOTHER (State or country) Authorism Holmes 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) *State the Disease Causing Denth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) John Taylur 1.69 Christmut St (Address) Christmat St	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL PLACE OF BURIAL CELL Mov - 27, 19.22
Falcon 27 1922 South C. For Ca Rigistrar If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S., No. 1. Held,

778

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation work, or At Home, and children, not gainfully emwhatever, write Nonc. business, that fact may be indicated thus: Farmer (restate occupation at heginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, fulness of various pursuits can be known. The question applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") EASE CAUSING DEATH (the primary affection with respect ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the bis-(the only definite synonym is "Epidemic cerebro-

> head of quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver around of head-homicide; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Poisoned by carbolic acid-probably suicide. The navulsions." Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valendar heart discase; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY "contributory." (Recommendations on state-"Debility" ("Congenital," "Senile," etc.), Example: Measles terminal (second-(disease (merely

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

EINDING

ESERVED

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Village or City Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS IS DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 MARRIED, WIDOWED OR DIVORCED (Write the word) 17 W HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h & alive on (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH 's was as follows: I day hrs. ·yrs.....ds.or... min. 8 OCCUPATION (a) Trade, profession or particular kind of work... (b) General nature of industry business, or establishment in (Duration)yrs.....mes... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) IO NAME OF FATHER 2 ... 192 (Address) 11 BIRTHPLACE -OF FATHER *State the Disease Causing Death, or, in deaths from EN (State or country Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal, 0 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death yrs. State,yrs.....mos. (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE if not at place of death? Former or usual residence BURIAL OH-REMOVAL 15 ADDRESS

W. Savatoga St.,

Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Registrar,

(Approved by U. S. Ceusus and American Public Health Association.)

tired 6 yers.). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemeid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ployed, as At school or At home. Care should be taken laborer, Furn laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Typhoid fever (never report "Typhoid pneumenia"):

Lobar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avold use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the DIS-

> ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerpenal seplicaemia," "Puerpenal peritonitis," etc. diseases resulting from childbirth or misearriage as can be ascertained as the cause. ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weaknes:" ctc., when a definite disease rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. vulsions," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaum, etc., Carcinoma, Surcoma, etc., of Chronic interstitical nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Racommendations on state-Example: Measles "Anaemia" Always qualify all "Coma," "Con-(disease (second-(merely

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-Il the data 's essential and must be obtained before

PLACE OF DEATH County A. A. 11699	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Annafalis (No. 135, D. 2 FULL NAME Lames Jennis	Registration Dist. No. 2/ St.; 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from 1927, to May, 11, 1922.
7 AGE (Month) (Day) (Year) (If LESS than I dayhrs.	and that death occurred on the date stated above, at 10,2000. The CAUSE OF DEATH the was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Mac as de mos de Contributory Mac as de mos de Contributory Mac as de mos de Contributory Secondary (Duration) wrs. mos de Contributory M. D. Master M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 CAUMING	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Ipiury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
(Informant) (Informant) (Address) (Informant) (Address) (Informant) (Informant	Former or usual residence
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or Al home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er" etc., without more precise specification as Day laborer, Farm laborer, Laborer Coal mine, etc. Won-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neees-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of (a) Foreman, (b) Automobile factory. The material Civil engineer, Stalionary firemen, etc. But in many fulness of various pursuits can be known. eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation Coal mine, etc. Wom The ques-

Typhoid fever (never report "Typhoid pueumonia") //
Lobar pneumonia, Bronchopneumonia ("Pneumonia," spinal meningitis"); Diphtheria (avoid use of "Croup") fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, telanus) may be stated under the ture of the injury, as fracture of skull, and eonsetrain-accident: Revolver wound of head-homicide; diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." symptomatic), "Atrophy." "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal stated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, etc., or unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL SCICIDAL OF HOMICIDAL, OF taken. For violent plattis state means of injury State cause for which surgical operation was under "Puerperal septicaemic." "Puerperal peritonitis," vulsions." causing use of "Tumor" for malignant meoplasms); Meastes; (name origin; "Cancer" is less definite; avoid Examples: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be Whooping cough; death), 29 ds.: Broachopneumonia "Debility" ("Congenital," "Senile," etc.), Accidental drawning; Struck by railway Chronic valvular heart disease; (Recommendations on state-Example: Mcastes Always qualify all "Coma," "Haemor-(disease

tions answered in detail, it will prevent further correspond. If this certificate is lacked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is rermanently filed.

M. B.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATM in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMANENT UNFADING INK---THIS WITH AINLY, WRITE

BINDING

FOR

N RESERVED

S. No. 1.

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PLACE OF DEATH	STATE OF MARYLAND
and and armed 1181	CERTIFICATE OF DEATH
County	(128) Registration Diet No. 20
26.	Registration Dist. No.
Village or City (No. (No.	St.: Ward) (If death occurred in
4	a hospital or institu- tion, give its NAME in-
2 FULL NAME Storge Jollie	stead of street and number.)
- POLL IVANIE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Vengle	(1000 2 , 102)
Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1 2- 2/M C2 kg
C/C/ +	192 L, to [] 192 L, 192
(Month) (Day) (Year)	that I last saw berry alive on 192.2-
N ACID	and that death occurred on the date stated above, at
3 7 If LESS than I dayhrs.	The Equise of DEATH & Mas as follows:
yrsds.ormin. ?	Court sans Tron
8 OCCUPATION	an + 14 -1-
(a) Trade, profession or arpender	
(b) General nature of industry	
business, or establishment in	(Duration)yrsmos ds.
which employed or (employer)	Contributory
(State or country) Maryland.	Secondary
10 NAME OF	(Duration) yrs, mos da
FATHER ((Signed) Millance Que M.D.
of the second	Mar 3 192 (Address) West King
11 BIRTHPLACE OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from
(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Cleaners to the or	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos da. State yrs mos da.
TA POLICE ADDRESS VOLUME TO THE TAXABLE PROPERTY.	Where was disease contracted,
If the above is true to the Best of My Knowledge	if not at place of death?
(Informant) Sellully for Missol	usual residence
Druher Wed.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Home of action of Not 3rd 22
15 Nov 3rd 2 W.K. Clauter	20 UNDERTAGER ADDRESS
Filed 192 Registrar	7/1-17/2011 7
	If W. Mellen Trendship to
If more blanks are needed address State Registron	10 W Canatage Ct Dalta Demontinu W C No 4

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Scrvant, Cook, to report specifically the ocenpations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic equipospinal meniugitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the thre of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or "Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as inges, peritonacum, etc., Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State canse can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustica," "Heart vulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tnmor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weaknes:... ctc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MINANS OF INJURY "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under Never report mere symptoms or terminal (Rocommendations ou state-Carcinoma, Sarcoma, etc., of Example: Mcaslcs failure," "Haemor-The contributory (second-(disease (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

RESERVED

MARGI

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County anne abundle 11701	CERTIFICATE OF DEATH
Village or City Duar. (No. ,	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernal Meg N. SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH NOV. 6 1372 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on, 191,
TAGE SD yr Mos. ds. OR min.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or oountry) Many Land.	Proposition Rheunhous nos de
10 NAME OF FATHER WIKWWWW 11 BIRTHPLACE OF FATHER (State or country) Marry land - 12 MAIDEN NAME OF MOTHER MIKWWWW	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; BED (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER MUSCUMWWW 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Anna Jones (Address) WMesbury	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF BURIAL DATE OF BURIAL 19 2 2
Filed // 1942 P. REGISTRAR If moore blanks are meded, address State Registrar, 1	20 UNDERTAKER ADDRESS Walesbury

[Approved by U. S. Census and American Public Health Americanion.]

first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective mill; business or industry, and therefore an additional line is provided for the latter statement; it should be used business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foroman," "Manager," "Dealer." etc., without more only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to taken to report specifically the occupations of persons employed, as At school or precise specification as Day laborer, Farm laborer, Laborer mobile factory. know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-('aal mine, etc. (a) Solesman, (b) Grocery, (a) Foreman, Compositor, Architect, Locomotive For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in At home. Care should be engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the Dibbabb Causing death—Name, first, the Dibbabb Causing death of the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid pneumonia."); Lobar pneumonia. Bronchopneumonio ("Pneumonia."); Lobar pneumonia. indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by roilway train-accident; Revolver "PUERPERAL peritonitis," ctc. cause. mus," "Old Age," "Shock," "Uraemia," "Weakness, birth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. nephritis, etc. cough; Chronic valvular heart diseose; Chronic interstitiod "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Anaemia" Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unloss important. (name origin; "Cancer" is less definite; avoid use of -homicide; Poisoned by carbolic Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Coma," (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intereur-"PUERPERAL septichaemia." State cause for which (Recommendations Never report mere "Atrophy," acid-probably punom ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

PINDING

FOR

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MAR

V. S. No. 1.

PLACE OF DEATH County County 11712 Village or City Maris Holling, 2 FULL NAME Infant Kleus	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 23 St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 7 1972	Month (Day), 1522 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192, to 192 that I last saw halive on, 192
7 AGE (Month) (Day) (Year) 1 dayhrs. 1 dayhrs. 2 ds. or min. ?	and that death occurred on the dete stated above, ab
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Menyland	(Duration)
10 NAME OF Mun Recurse 11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER (V. R.	(Signed) 192 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients, or Recent Residents) At place of desth yrs mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death?
(Informant) John Melicula (Address) Drodelyn Rfy Filed Mol Z 1922 Sharl Members Registrar	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS AUM Reserved ADDRESS AUM Reserved ADDRESS
K. H. Shaplemare banks are nedday address State Registrar.	16 W. Saratoga St., Balto., Requesting V, S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook, work, or At Home, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Housemaid, etc. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of the first line will be sufficient, e. g., Farmer or Plantor, fniness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day If the occupation has been changed and children, not gainfully em--Coal mine, etc. As examples: (a) The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consc-Examples: Accidental drowning; Struck by railway Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. as probably such, if impossible to determine definitely. State cause for which surgical operation was underand qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS state MEANS OF INJURY "Puerperal seplicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage cau be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inaultion," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms er terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." (secondary or intercurrent) affection need not be Chronie interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping eough; -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), Chronie valvular heart disease; (Recommendations on state-"Anaemia" Always qualify all "Coma," "Con-(disease (merely (second-

if this certificate is labeled over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-.... Ward) stend of street and number.) ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED. may be WIDOWED OR DIVORCED (Month) (Write the word) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH instruction (Day) (Year) and that death occurred on the date stated above, at Arm... 7 AGE If LESS than polied The CAUSE OF DEATH & was as follows: I day hrs. term nulous ptu 99 8 OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry importan business, or establishment in(Duration)yrs.....mos..... which employed or (employer)..... 9 BIRTHPLACE (State or country) W 10 NAME OF FATHER U. 8 0 Mund de 192. (Address)..... AUSE 11 BIRTHPLACE HZ USI OF FATHER *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether u Accidental, Suicidal or Homicidal. 2 04 12 MAIDEN NAME OF MOTHER a. d state 18 LENGTH OF RESIDENCE (For Mospitals, Institutions, Transents, or Recent Residents) IS BIRTHPLACE At place In the OF MOTHER of death State,yrs......mos......da . . yrs. . mos. (State or country) Every item of I of Where was disease contracted, 14 THE ABOVE IS TRUE TO if not at place of death? statement usual residence BURIAL OR REMOVAL (Address 15 69 If more blanks are needed, address State Registrar, W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no oecupation state occupation at beginning of Illness. If retired from or given up on account of the disease causing drath, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At schoot or At home. Care should be taken business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it household only (not paid Housekeepers who receive a luborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton milt; (a) Satesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neees-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Ptanter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerchiosphial meningitis"); Diphtheria (avold use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." (R eommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railrowy as probably such, if impo sible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or Poisoned by carbol's acid-probably suicide. train—accident; Revolver wound of head—homicide; taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemic," "Puerperal peritonitis," diseases resulting from ebildbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inauition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronehopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitiat nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic vatvulur heart disease; (name origin; "Cancer" is less definite; avoid of the injury, as fracture of skull, and eonse-"Debility" ("Congenital," "Senile," etc.), Example: Measles The na-(merely terminal (seeond-(disease ete.

If this certificate is 10 ked over thoroughly and all questions answered in de ai, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH 11704
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_	PERSONAL AND STATISTICAL PARTICULARS
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	Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

achle	a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH (Month)	18, 192 Z
OC + 3 1922, 10 1	tended the decensed from
and that death occurred on the date state	ed above, at 150 m
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Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospital)	
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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

ZEVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be ludicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gaiufully emdefinite salary), may be entered a: Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind: of work and also (b) the cases, especially in inclustrial employments, it is ucces-Physician, Compositor, Architect, Locomotive engineer, tion applie to each and every person, irrespective of cupation is very important, so that the relative health-Housemaid, etc. Civil engineer, Stationary firemen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-,etc., For many occupations a single word or term on without more precise specification as Day If the occupation has been changed As examples: (a) The material The ques-

splual meningitis"); Diphtheria (avoid use of "Croup"); Splual meningitis"); Diphtheria (avoid use of "Croup"); Splual meningitis"); Splual meningitis ("Croup"); Splual meningitis"); Splual meningitis ("Croup"); Splual meningitis (Lobar pneumonia, Bronchopneumonia ("Pneumonla," ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the ouly definite synonym is "Epidemic cercbro-Statement of Cause of Death-Name, first, the pis-

> head of "contributory." quences train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. "Puerperal septicaemic," "Puerperal peritonitis," "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal inges, perilonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by ture of the lnjury, as fracture of skull, and conse-Poisoned by curbolic acid-probably suicide. The na-Examples: Accidental drowning; and qualify as accidental, suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Dropsy," "Exhaustica," "Heart failure," "Haemor causing stated uuless important. use of "Tumor" for malignant neoplasms); Nomenclature of the American Medical Association.) taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undervulsions," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping ... (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (e. g., sepsis, tetanus) may be stated under the "Dcbility" cough; Chronic valvulur heart disease; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Struck by railway Always qualify all The contributory Committee on "Coma," Measles; (second-(disease "Соп-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-/All the data is essential and must be obtained before

the certificate is permanently filed.

PHYSI-STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH EXACTLY, P Registration Dist. No. Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.) properi MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED. Q X WIDOWED it may k should OR DIVORCED (Month) (Day) (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH s so that that I last saw her alive on (Month) (Dav) (Year) and that death occurred on the date stated above, at ... 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day hrsyrs.................mos.... ds.or.... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work. 0 (b) General nature of industry d nportan business, or establishment in which employed or (employer)... Contributor 9. BIRTHPLACE Secondary (State or country) the (Duration) ery should 10 NAME/OF (Signed) 4 0 0 information slate oause occupation i (Address).... 11 BIRTHPLACE LNU OF FATHER *State the Disease Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. œ 12 MAIDEN NAME should state (ent of OCCUP 18 LENGTH OF RESIDENCE (For Hospitals, Justitutions, Transients, or Recent Residents) 43 BIRTHPLACE At place In the of death yrs. mos......da. State, yrs. mos. de. of Where was disease contracted, THE BEST OF MY KNOWLEDGE if not at place of death?. Every item CIANS short Former or (Informant) usual residence, 19 PLACE OF BURIAL OR REMOVAL TE OF BURIAL 20 UNDERTAKER was not more blanks are needed, address State Registrar, 16 VV. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. med 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the bisease causing Death, Housemuid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an cases, especially in Industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gcrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (R-commendations on statequences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemla," "Weaknes." ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Whooping cough; "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; Example: Mcastes (merely (second-(disease

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	WRITE AINLY, WIT UNFADING INKTHIS IS A PERMANENT	Every item of information should be carefully supplied ACE should be stated EXA CIANS should state OAUSE OF DEATH in plain terms so that it may be-properly cis statement of OCCUPATION is very important. See instructions on back of certificate
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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Anne Arundel County Registration Dist. No. Village or City Crownsville Stat(No ospitalSt Ward) (If death occurred in a hospital or Institu-tion, give its NAME instead of street and Martha Patterson number.) ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, Widowed November WIDOWED OR DIVORCED Colored Female (Write the word) I HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH .. September 8 1922 to November 28 1922 that I last saw her ... alive on November 28 Unknown 1882... (Month) (Day) (Year) and that death occurred on the date stated above, at 7. I.S.A. m. 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs.ds. or ... min. ? Pulmonary Tuberculosis OCCUPATION (a) Trade, profession or particular kind of work......Laundress.... (b) General nature of industry Unknown business, or establishment in(Duration) yrs...... mos..... which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) Marvland 10 NAME OF FATHER Inknown ENTS 8x1922. (Address). Crownsville. ... IId II BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. (State or country) Unknown 2 12 MATDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Unknown lents, or Recent Residents) 13 BIRTHPLACE At place of death 3. yrs. 2 mos. 20da. OF MOTHER In the State, ... I Inter Overie (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?..... Former or Hospital Records usual residence ... Roll imor OF/BURIAL OR REMOVAL CATE OF BURIAL HOS UNDERTAKER Registrar If more blanks are needed, address State Registrar. 16 W Saratoga St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. It death occurred in 3t ;.....Ward) a hospital or institution. RECORD give its NAME instead of street and oumber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than f day,....hrs. The CAUSE OF DEATH* SIHL OR min. ? (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF # FATHER . 1912.2. (Address)..... 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE L At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. DEATH Where was disease contracted: It not at place of death?... Former or 9 usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL CAUSE DATE OF BURIAL 15 20 UNDERTAKER ADDRESS fermit isques If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the distance causing death—Name, first, the distance to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercusios of lungs, meninges, peritonacum, etc.. Carcin

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ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puraperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of (secondary or intercurrent) __ (name origin; "Can death), 29 State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the dertificate is permanently filed.

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STATE	OF	MARY	LAND
CERTIFI	CAT	E OF	DEATH

Registration Dist. No.

St.;	Ward)	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
MEDICAL CER	TIFICATE	OF DEATH
	ber 16	(Day) , 162
April 20, 1921		
that I last sew h .1.M. alive o		
and that death occurred on the		
The CAUSE OF DEATH & was General Arter		rosis
	*******************	·····
([Duration	Jnknown de
Contributory	\	
(Signed)	ur ton	mkeode
		ville, Md
*State the Disease Cau Violent Causes, state (1) M Accidental, Suicidal or Hom	sing Death, eans of Inju- icidal.	or, in deaths from ry; and (2) whether
18 LENGTH OF RESIDENCE lents, or Recent Residents)	(For Hospi	als, Institutions, Trans-
At place 4 yrs. 6 mos. 26 da.	In the State.	Jylef e mos de.
Where was disease contracted, if not at place of death?		
Former or Worceste	r Coun	ty
19 PLACE OF BURIAL OR RE	-	DATE OF BURIAL

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(No ate Hospi

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day Never return "Laborer: "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestired 6 yrs.). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Faimer of Planter, age. For many occupations a s fulness of various pursuits the known. whatever, write None. business, that fact may be indicated thus: Farmer (reto report specifically the occupations of persons cnlaborer Earm hand on themselve (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very importante Statement of Occupation or At Home, and children, not gainfully emto the be relative health Talk CI single word or term on person, irrespective of minuspete: Wom The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diputheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pucumonia"); Lobar pucumonia, Bronchopneumonia ("Pueumonia")

quences (e. g., sepsis, tetanus) may be stated under the "PUERPERAL septicaemia." "PUERPERAL peritonitis," etc. diseases resuiting from childbirth or miscarriage as rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Coliapse," "Coma," conditions, such as "Asthenia." ary), M ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF can be ascertained as the cause. Always qualify all "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," eausing death). 29 ds.; Brouchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) State cause "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), for which surgical operation was under-Chronic valvular heart (Recommendations on state-Example: Measles (disease "Anaemia" The na-(merely (second--roon-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND CERTIFICATE OF DEATH

HICAIL	OI	DE	WILL
Registration	Dist.	No.	21

A	Johns St.; Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE	OF DEATH
1	16 DATE OF DEATH	
Q	nov. 26	, 1822
	(Month) 17 I HEREBY CERTIFY, That I att	
=		
1		
	that I last saw h Malive on 20	5. 2 6, 192. 2
-	and that death occurred on the date stated	1 above, at 8 . 30 pm
n.	The CAUSE OF DEATH % was as follows:	
2	angina poet	ares .
	(Duration)	yrs
		2
	Contributory Secondary	
	(Duration)	yrs
	(Signed) heleworth	
	how. 27 1922 (Address) 9 . S.K.	John Sh
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Sulcidal or Homicidal.	or, in deaths from cry; and (2) whether
	18 LENGTH OF RESIDENCE (For Hospi ients, or Recent Residents)	tals, Institutions, Trans-

of deathyrsmosda.	State,yrsmosda.
Where was disease contracted,	

if not at place of death?.....

Former or usual residence,

10 PLACE OF RURIAL OR REMOVAL

Battimere Med.

nov - 29 102:

20 ENDERTAKER

L. J. Lors

ADDRESS

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an saly to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material or. For many occupations a single word or term on At Home, and children, not gainfully emwithout more precise specification as Day The ques-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quenees (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on train-accident: Revolver wound of head-homicide; ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all State cause for which surgical operation was under-"Uraemia," "Weakness;" etc., when a definite disease rhage," "Inanitlon." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary). 10 ds. Never report mere symptoms or terminal eausing death). 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for mallguant neoplasms); Measles; Chronic interstitial nephritis, etc. The contributory inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example : Measles (disease The na-(merely

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13 BIRTHPLACE OF MOTHER (State or country) Many Conc	ol.	Mone	HER AA	OF MOTH	
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(Informant) Arine Byacu	WLE	6			

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

it;Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

St; Ward)	(If denth occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Nov (Month)	(Say) , 1822 (Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
Mrs. C. C. 192, to	, 192
that I last saw halive on	, 192
and that death occurred on the date state	d above, atna
The CAUSE OF DEATH & was as follows:	1 1 1 2 1
Misicomaj	

(Duration)	yrsmosde
Contributory	
(Signed) 9 Shar Culls Was 1.5 192 2 (Address) 3 State the Disease Causing Deuth Violent Causes, state (1) Means of In.	M. D.
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospital)	ital. Tustitutlone Trace
ients, or Recent Residents)	rivers, Engineering Land
At place In the of death yrs. mos da, Stat	e te,de
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL Solution of the color of t	Now 15 19.2. Address
10	0

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housemaid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc-For many occupations a single word or term on For persons who have no occupation But in many

EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia." Typhoid ferer (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic eerebro ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the Dis-

> conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles quenees (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or taken. For violent deaths state means of injury diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma." ary), 10 ds. Never report mere symptoms or terminal Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcusles; inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." ture of the injury, as fracture of skull, and couse-Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State eause "Puerperal septicacmia." "Puerperal peritonitis," vulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart discase; (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-"Anaemia" (second-(disease (merely

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Statement of Cause of Death—Name, first, the precise causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal*, fever* (the only definite synonym is "Epidemic eerebrospinal meuingitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

head of "contributory." Nonienelature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all rhage," "Inanttion." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," "Coneonditions, such as "Asthenia," "Anaemia" Poisoned by curbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions." ary). 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carchioma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is Indefinite); Tuberculosis of lungs, men-(seeondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

	0	N. BEvery item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of cartificate
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DN	WRITE AINLY, WITH UNFADING INKTHIS IS A PERMANENT	Every Item of Information should be carefully supplied ACE should be stated EXACCIANS should state OAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate
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	VRITE	Item of Ire S should s ment of OC
V. S. No. 1.		CIAN
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	PLACE OF DE		1171	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Vil		Crownsvilleno James S		St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND	STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex 4 color slac	OR RACE 5 SINGLE, MARRIED WIDOWEI OR DIVOI	D WOODLAND	November 11 (Year)
6 10	PATE OF BIRTH	unknown	word)	If I HEREBY CERTIFY, That I attended the deceased from Movember 21, 1928, to Movember 11, 192 2, that I last saw him alive on Movember 10, 192 2,
7 A	ge 77	(Month) (Day) unknown	If LESS than I dayhrs.	and that death occurred on the date stated above, at 68m. The CAUSE OF DEATH is was as follows:
OP (F	a) I rade, profession or varticular kind of work b) General nature of indi- jusiness, or establishmen which employed or (emp IRTHPLACE (State or country)	ustry		(Duration) Unknown ds. Contributory Secondary
	10 NAME OF FATHER	Unknown		(Signed) A. D. Company of the Compan
RENTS	11 BIRTHPLACE OF FATHER (State or country)	Unknown		NOV . 11, 19) 2 (Address) Crownsville, Md. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER	Unknovn		Accidental, Suicidal or Homicidal, 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
w/C3000/10p	13 BIRTHPLACE OF MOTHER (State or country			At place 2 yrs. 11 mos. 20 ds. In the State, Tyrs. 10 mosda.
14 7		pital Records		Where was disease contracted, if not at place of death? Former or Baltimore City 19 PLACE OF BURIAL OB REMOVAL STEE OF BURIAL
15 F	(Address)	n2 8 9	Registrar State Posleton	Crownsville Cand 1/6,1922 20 UNDERTABLE PARKER 92 WEST 8
	d divie the	una are needed, address	oute Registrar.	16 W. Saratoga St., Balto Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the whatever, write None. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Foreman, (b) Automobile factory. The material the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocete., or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" Poisoned by curbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhausticn." "Heart failure." "Haemorvulsions." ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease terminal (Second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

	PERSONAL AND STATISTICAL PARTICULARS
2	Male of the word o
-6 D.	ate of Birth Och 5-, 91
7 AG	If LESS
	RTHPLACE (/
	(State or country) Macy Cee
ENTS	10 NAME OF FATHER Normall Salley 11 BIRTHEADE
	10 NAME OF FATHER NOTHING Salley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME GLUND Pary OF MOTHER GLUND Pary
PARENT	10 NAME OF FATHER NAME OF HATHER (State or country) 12 MAIDEN NAME OF MOTHER CLUMBER (State or country) 13 BIRTHPLACE OF MOTHER CLUMBER (State or country) 14 MAIDEN NAME CLUMBER CALL 15 BIRTHPLACE OF MOTHER (State or country) 16 MOTHER (State or country)
PARENT	10 NAME OF FATHER Normal Salley 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME CHURCH COF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

ADDRESS

, Salley	Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFIC	CATE OF DEATH
	7 27, 1822 (Day) (Year)
17 I HEREBY CERTIFY, The	t I attended the deceased from
that I last saw h Assalive on	1932 stated above, at 162 m
The CAUSE OF DEATH % was as fol	
Defaticus	(n)yrs
Contributory Secondary	
(Signed) Kruult 8	101 1 / d
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal	Death, or, in deaths from of Injury; and (2) whether
18 LENGTH OF RESIDENCE (For lents, or Recent Residents)	Hospitals, Institutious, Trans-
At place of death yrs mos da.	In the State,yrs mosda
Where was disease contracted, if not at place of death?	
Former or	

Freudely auc

W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1.

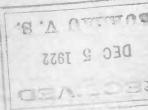
(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, whatever, write None. tired 6 yrs.). Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neees-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of ocapplies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no oecupation If the occupation has been changed As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." (Recommendations on statequences (e.g., scpsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerperal sepiticaemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Ethiusticn," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvulur heart disease; (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), "Anaemia" (merely (seeondetc.

If this certificate is 15 ked over thoroughly and all questions movered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

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ECORD	N.BEvery item or information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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A PEKMA	E should at it may is on bac	
12	ACE the	
WRITE LAINLY, WI UNFAULNG INNIHIS IS A FERMANEN ECORD	-Every item or information should be carefully supplied ACE should be state EXAC. CIANS should state GAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
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V	d sta	
VKIII	s shoul	
	BEvery CIAN state	
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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County 6 1171	Registration Dist. No.
Village or City Margrels (No. 12 FULL NAME TENNY Steps	St.; Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKHED WIDOWER WIDOWER (Write the word) 6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
mknown -	that I last saw h 1270, alive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
about 75. mos. ds or min.?	The CAUSE OF DEATH & way as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country) St Margrelo 1119	Contributory Secondary (Duration)yrs,mos
10 NAME OF WARMOWN Alshing	(Signed) M.D. M.D. M.D. M.D. M.D. M.D. M.D.
11 BIRTHPLACE OF FATHER (State or country) Margrello	*State the Disease Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a 12 MAIDEN NAME (7 OF MOTHER (2000) 13 OWN)	18 LENGTH OF RESIDENCE (For Hespitals, Institutions, Trans- ients, or Recent Residents)
18 BIRTHPLACE St Margrels Md. (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Lows Stefinery	Former or usual residence
(Address) It Margisto to.	Boad NECK (Ent-11 7. 1. 22
FileAnd) 192 Z from to C. for es & Registrar	Of Brusker 92 WEST 80
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemeid, etc. gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or At Lome, Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day (a) Foremen, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. As examples: (a) The material But in many

spinal maningitis") : Diphtheria (avoid use of "Cronp") EASE CAUSING DUATH (the primary affection with respect Lobar Typhoid force (never report "Typhoid pneumonia" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corcbrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the prspneumonia, Bronchopneumonia ("Pneumonia")

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Published septicuemia." "Publicate peritonitis." diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." vulsions." symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acia-probably suicide. The na-Examples: Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Accidental drowning: Struck by railway Never report mere symptoms or terminal Carcinomu, Sarcoma, etc., of (Recommendations on state-Example: Measles Always qualify all The contributory "Haemor-Measles; (disease (merely (secondnot be

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesall the data is essential and must be obtained before

ertificate is permanently filed.



PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County $C - C - C - C - C - C - C - C - C - C $	Registration Dist. No
Village or City Woodd (No. 5-	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Mov. 127, 1622 (Month) (Day) (Vent) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH May (Month) (Day) (Year)	Oct 192, to 11 01-120, 1822, that I last saw here, alive on Oct 3121, 1922.
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Sleo Collis (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Ownolds	Contributory Secondary (Duration) yrs. fines. de.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 20 OF MOTHER	(Signed) M. D. 192 (Address) In the Mark of the Disease Causing Death, of in deaths from Violent Causes, State (1) Means of Injury and (2) whether Accidental, Sulcidal or Homicidal.
of Mother Senlah Matto	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) Conoldo Md	At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Informant) Thomas	Former or usual residence.
(Address) arnolde Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL March Calvery Cent- 1. 2, 1922
Filed Hor 2 192 2 July C. So a M. Registrar.	20 UNDERTAKER DA ADDRESS 92 WEST ST
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

REVISED UNITED CERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in demestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furn luborer, Laborer-Never return "Labover," "l'oreman." "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. to report specifically the occupations of persons ener," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, hrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on 01. 11 Home, and children, not gainfully em-If the occupation has been changed -Coal minc, etc. Wom-The material

fever (the only definite synonym is "Epidemic cerclarospinal meningitis"): Diphtheria (avoid use of "Croup")); Typhoid fever (never report "Typhoid pneumonity"): ed term for the same disease. Examples: Corcbrospinal to time and causation), using always the same accept. EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the prspneumonia, Bronchopneumonia ("Pneumonia, RECEIVED

conditions, such as "Asthenia," "Anaemia" unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the thre of the injury, as fracture of skull, and conse-Poisoned by carbol's acid-probably suicide. The natrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under "PUERPRIAL septicaemia." "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the canse. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasınns," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsious." symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcustes; (name origin; "Cancer" is less definite; avoid inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart (Recommendations on state-"Coma," "Condisease; (disease (second-(merely

tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is lo ked over thoroughly and all ques-All the data 's essential and must be obtained before

PLACE OF DEATH	STATE OF MARYLAND
and & boundel	CERTIFICATE OF DEATH
County	(74-0)
D . R.P. 3 7/10	Registration Dist, No.
Village or City Comespoles (No. 36 Mg	Roy and let St; Ward) (It death occurred in
2 1 500 1	a hospitul or institu- tion, give its NAME in-
2 FULL NAME (aftisone Lang L	queh Walton stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Williams	16 DATE OF MEATING 19 100 2
Fey White WIDOWED OR DIVORCED	(Month) (Day) (Yenr)
(Write the word)	17 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	dugatt 20192 1 to Movements 19192 23
July 78 1847	that I last saw h of allvo on Moverel Er 19102 2,
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than	The CAUSE OF DEATH if was as follows:
75 yrs3 mos. 2.2 da. or min. ?	(groval beneambage
8 OCCUPATION 7	
(a) Trade, profession or particular kind of work.	***************************************
(b) General nature of industry	/ 2
business, or establishment in Moul	(Duration) yra mos ds,
9 BIRTHPLACE	Contributory Come - Letter - Letter
(State or country) anda	(Duration) Syra mos. de.
10 NAME OF / Lang	1/14-08
FATHER Sennes Lyuch.	(Signed) M.D.
11 BIRTHPLACE 74- PO D	1601. 19. 192. (Address) Aurapo 18.
11 BIRTHFLACE OF FATHER (State or country) 12 MAIDEN NAME/	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
A OF MOTHER /// A	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
a substitute state	lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER Sugard	At place of death yrs. mos da. State,
(State or country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Duncau G. Wayore	usual residence.
130 Manlaud av.	19 PLACE OF BURIAL OR REMOVAL FE OF BURIAL
(Address)	Maral Cemetery 1/100 22, 1022
Filed my 22 1972 Jones & C. Long Mile	20 UNDERTAKER / ADDRESS
Registrar	Jaylor Suls anupolis
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1. 2014
	-014.

(Approved by U. S. Census and American Public Health Association.)

cases, especially in inclusinal camployments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will 'e sufficient, e. g., Farmer or Planter, fulness of variou paranits can be known. The quescupation is very important, so that the relative health-Spinner, (3) Cotton mill; (a) Salesman, (b) Inocerus should be used only when needed. As champles: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tiou applie, to each and every person, irrespective of ployed, as At school or At Lome. Care should be taken definite salary), may be entered a Housewife, House household only (not paid Howeksopers who receive a en at hom . laborer. Farm laborer, Laborerer," ctc., Never return "Laborer," "Yoreman." "Manager," "Dealworked on may form war of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook. to report specifically the occupations of persons enbusiness, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed whatever, write None. tired 6 yrs.). For persons who have no occupation Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithou, more precise specification as Day who are engann? in the duties of the -Ccal minc, etc. Wom-

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meunigitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> uuqualified, is indefinite); Tuberculosis of lungs, menary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonacun, etc., Carcinoma, Sarcoma, etc., of and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes..." etc., when a definite disease rhage," "Inaultion" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart vulsious," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" causing stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart taken. For VIOLENT DEATHS State MEANS OF INJURY head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The na death), 29 ds.; Bronchopncumonia "Debility" ("Congenital," "Senile," .etc.) Example: Meastes (disease (R commendations on state-Always qualify all failure." "Haemor Meastes; disease; (second-(merely

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the certificate is permanently filed.

FOR

N. B.-WRITE PLA

HEALTH-DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-PLACE OF DEATH CITY OF BALTIMORE: (No. Solly P.O. a.	REGISTERED NO
(a) RESIDENCE NO. Plant PO GA (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	number.) D. ST., WARD
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced, (write the word) 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day, and year) 7 AGE Years Months Days If LESS than 1 day,hrs. ormin. 8 OCCUPATION OF DECEASED	16 DATE OF DEATH (month, day, and year) Nr. /6 ~ 19 7 17 1 HEREBY CERTIFY, That I attended deceased from /Nr. /5 , 19 7 7, to //2 - /6 , 19 7 7, that I last saw handlive on Nr. /5 , 19 7 7, and that death occurred, on the date stated above, at 1 7 4 5 7 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession or particular kind of work	(duration) yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.
9 BIRTHPLACE (city or town) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (city or town) (State or country)	18 Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopsy? What test confirmed diagnosis?
(State or country) 12 MAIDEN NAME OF MOTHER Town Law July 12 MAIDEN NAME OF MOTHER TOWN LAW JUL	(Signed) (Address) 8/6 - Paramela Track **State the Discord Couring Death of Today from Violent Couring
13 BIRTHPLACE OF MOTHER (city or town) Balance (State or country)	*State the Disease Causing Death, or in/deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Sulcidal, or Homicidal. (See reverse side for additional space.)
14 Informant William Slocy Green Gall 15 Filed MV 17. 1927 Thurth June Green	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL

[Approved by U. S. Census and American Public Health Asso.]

mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) salary), may be entered as Housewife, Housework when needed. As examples: (a) Spinner, (b) Cotton vided for the latter statement; it should be used only or industry, and therefore an additional line is protect, Locomotive engineer, Civil engineer, Stationary or term on the first line will be sufficient, e. g., spective of age. For many occupations a single word question applies healthfulness of various pursuits can be known. The occupation is very important, so that the relative occupation whatever, write None. Farmer (retired, 6 yrs.). For persons who have no state occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSINO DEATH, report specifically the occupations of persons engaged At school or At home. Care should be taken to or At home, and children, not gainfully employed, as only (not paid Housekeepers who receive a definite home, who are engaged in the duties of the household Farm laborer, Laborer-Coal mine, etc. Women at without more precise specification, as Day laborer "Laborer," "Foreman," "Manager," "Dealer," etc., form part of the second statement. Automobile factory. The material worked on may kind of work and also (b) the nature of the business trial employments, it is necessary to know (a) the fireman, etc. But in many cases, especially in indus-Farmer or Planter, Physician, Compositor, Archi-Housemaid, etc. If the occupation has been changed in domestic service for wages, as Servant, Cook Statement of Occupation.business, that fact may be indicated thus: to each and every person, irre--Precise statement of Never return

same accepted term for the same disease. DISEASE CAUSINO DEATH (the primary affection with (name origin; "Cancer" is less definite; avoid use of toneum, etc., Carcinoma, Sarcoma, etc., of ... Bronchopneumonia ("Pneumonia," (avoid use of "Croup"); Typhoid fever (never Cerebrospinal fever (the only definite synonym hs respect to time and causation), using always the "Epidemic cerebrospinal Statement of Cause of Death .- Name, first, the "Typhoid pneumonia"); Lobar pneumonia Tuberculosis of lungs, meningitis"); meninges, pert unqualified. Diphtheria Examples: re-

> symptomatic). "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). HOMICIDAL, diseases resulting from childbirth or miscarriage, as can be ascertained as the cause. Always qualify all "Uremia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hemor conditions, such as "Asthenia," "Anemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; death approved by Committee on Nomenclature of tetanus) may be stated under the head of "Contribufracture of skull, and consequences (e. g., sepsis, wound of head-homicide; Poisoned by carbolic acid ing; Struck by railway train-accident; Revolver determine definitely. Examples: Accidental drown-INJURY and qualify as ACCIDENTAL, SUICIDAL, undertaken. "PUERPERAL (secondary or intercurrent) affection need not be the American Medical Association.) probably suicide. The nature of the injury, as State cause for which surgical operation was (Recommendations on statement of cause of for malignant or as probably such, if impossible to septicemia," "PUERPERAL peritonitis," FOR VIOLENT DEATHS State MEANS Example: Measles (disease neoplasms); or

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN,

statement of PHYSICIANS CERTIFICATE OF DEATH Registration Dist. No.2 buth unique fif death occurred in St: Ward) a hospital or institution. give its NAME instead homes ell'elsons of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED WIDOWED (Day) (Month) OR DIVORCED Write the word) properly I HEREBY CERTIFY, That I attended deceased from that I last saw h. And alive on. (Day) (Year) (Month) if LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. ليا E The CAUSE OF DEATH * was as follows: O OR min. ? that OCCUPATION (a) Trade, profession, or supplie particular kind of work 80 (b) General nature of industry terms, business, or establishment in (Duration) instruc which employed (or employer) Contributory 9 BIRTHPLACE Secondary plain See in (State or country) 10 NAME OF FATHER 2 .0 pino F DEATH i 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, STREE (1) MEANS OF INJURY; and (2) whether Accidental. SUICIDAL OF HOMICIDAL 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) nform List. 13 BIRTHPLACE At piaca in jhe U OF MOTHER State. VIS.yrs. _____mes. 2 % (State or country should state CAU Where was disease centracted. If not at place of death ?... usual residenca DATE OF BURIAL 20 UNDERTAKER 'f more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

STATE OF MARYLAND

1 PLACE OF DEATH

BINDING

[Approved by U. S. Census and American Public Health
Association.]

business, that fact may be indicated thus: Farmer (refired state occupation at beginning of illness. write None. or given up on account of the DISEASE CATSING DEATH, engaged in domestic service for wages, as Servant, Cook, the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Collon Housemaid, etc taken to report specifically the occupations of persons employed, as At school or who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Ferm laborer, Laborer mobile factory. mill; (a) Salosman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully many occupations a single word or term on the mine, etc. various pursuits can be known. The question For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in At home. Care should be Locomotive engineer, If retired from (b) Auto-

Statement of Course of Death—Name, first, the disease causation of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, manin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations BUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: genital," "Senile," etc.), "Dropsy," "Exhaustion," "Ileart failure," "Haemorrhage," "Inanition," "Marason Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull heod-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septiehaema,"
"Puerperal peribnitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 20 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chranic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of The contributory (secondary or intercur-"Convulsions," "Debility" "PUERPERAL sepliehaemia," Never report mere "Atrophy," "Colacid-probably ("Con-

If the certificate is looked over thoroughly and all questiants asysted in detail, a will prevent indher correspondence the partificate is permanently filed.